

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155236		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 07/27/2011	
NAME OF PROVIDER OR SUPPLIER AVON HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 4171 FOREST POINTE CIRCLE AVON, IN46123			
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K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/27/11</p> <p>Facility Number: 000141 Provider Number: 155236 AIM Number: 100283860</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Avon Health & Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and areas not separated from the corridor. The facility has a capacity of 137 and had a</p>			K0000	<p>This Plan of Correction is prepared and executed because it is required by the Provisions of State and Federal Law, and not because Avon Health and Rehabilitation Center agrees with the allegations contained there in. Avon Health and Rehab center maintains that each deficiency does not jeopardize the health and safety of the residents, or is it of such charactr as to limit our capability to provide adequate care.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0029 SS=E	<p>census of 129 at the time of this visit.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 07/28/11</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 14 doors serving hazardous areas such as storage rooms greater than fifty square feet in size used to store combustible materials are equipped with self closing devices. This deficient practice could affect any resident, staff or visitor in the vicinity of the Central Supply storage area.</p> <p>Findings include:</p> <p>Based on observation with the Environmental Director during a tour of the facility from 11:20 a.m. to 1:15 p.m. on 07/27/11, the Central Supply storage area measured 192 square feet and is used</p>			K0029	<p>I. A self closing device was placed on the Central Supply door.II. All resident have the potential to be affected see # 3.III. Self closing device was placed on the Central Supply door. All 14 doors serving hazardous areas will be placed on monthly checks.IV. The Enviromental Director or his designee will monitor the 14 doors weekly x 4 weeks then monthly and report to QA.V. Completion date: August 9, 2011</p>		08/09/2011

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K0144 SS=F	to store combustible supplies in cardboard boxes including washcloths and undergarment incontinence aids. The entry room door to the Central Supply storage area was not equipped with a self closing device. Based on interview at the time of observation, the Environmental Director stated the Central Supply storage area is used to store combustible supplies and acknowledged the Central Supply storage area was greater than fifty square feet in size with an entry room door not equipped with a self closing device. 3.1-19(b)						
	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. 1. Based on observation and interview, the facility failed to ensure 2 of 2 emergency generators were equipped with a remote manual stop. NFPA 99, Health Care Facilities, 3-4.1.1.4 requires generator sets installed as alternate power sources shall meet the requirements of NFPA 110, Standard for Emergency Standby Power Systems. NFPA 110, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a			K0144	I. The north and south generators have been equipped with remote shut off devices. The load test was done on July 29, 2011.II. All resident have the potential to be affected. See # 3III. Both the north and south generators have been equipped with remote shut off devices. Test will be every 6 months. Load bank test was done on July 29, 2011. The Load bank test will be scheduled yearly.IV. The Enviromental Director or his designee will schedule for the		08/11/2011

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	<p>type similar to a break glass station located elsewhere on the premises where the prime mover is located outside the building. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Environmental Director during a tour of the facility from 11:20 a.m. to 1:15 p.m. on 07/27/11, no evidence of a remote shut off device was found for the North generator and the South generator. Based on interview at the time of observation, the Environmental acknowledged each emergency generator was not equipped with a remote shut off device.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure the load for the monthly load test for 2 of 2 emergency generators was at least 30% of the nameplate rating for 12 of 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the</p>				<p>generators remote shut off devices to be tested every 6 month. He will also schedule the Load Bank test to be done yearly. Report test results to QA. Completion date: August 11, 2011.</p>		

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	<p>following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS (Emergency Power Supply) nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator Record" monthly load test documentation with the Environmental Director from 9:25 a.m. to 11:20 a.m. on 07/27/11, monthly logs for the period of August 2, 2010 through July 11, 2011 show the emergency generator ran for at least thirty minutes each month for the twelve month period but the percentage of load capacity was less than 30 percent of the nameplate rating for the North generator and the South generator and the minimum exhaust gas temperatures as recommended by the manufacturer was not recorded each month. Based on review of MacAllister Power Systems "Load Bank Test Report" dated 01/22/10, it has been more than twelve months since</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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	the most recent load bank test for the North generator and the South generator. Based on interview at the time of record review, the Environmental Director stated each emergency generator cannot achieve at least 30% of the nameplate rating and the facility performs an annual load bank test but acknowledged it has been more than twelve months since the most recent load bank test for each emergency generator. 3.1-19(b)						